



FERMI NATIONAL ACCELERATOR LABORATORY
Weekly Time Report

ID :

Paygroup:

Mail To:

Pay End Date:

Dept:

MS:

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL
IN								
OUT								
WORK HOURS								
OTH PAID HRS								
OTHER CODES								
LABOR DISTRIBUTION	Project		Task				Pct	
COMMENTS:								

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.
Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.

I hereby certify that the time reported above represents a true statement	Employee Signature	Date: / /
Approver ID	Authorized Signature	Date: / /

NOTE: Not valid without Supervisor Signature and ID

ACCOUNTING USE ONLY										
MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL		Project	Task
								RGW		
								OTP		

- Other Codes**
A-Unexcused Absence without Pay
B-Excused Absence without Pay
D-Death in Family
DL-Disciplinary Leave without Pay
EC-Early Closing
EMR-Emergency Call-in
- F-Floating Holiday
H-Holiday (1st Shift)
JD-Jury Duty
L-Leave without Pay
M-Military Service
PH - Pay for HRS Shown
- O-Other (explain)
R-Day of Rest
S-Sick Leave (Non-Occupational Disability)
SC-Schedule Change
TD-Transportation Difficulties
V-Vacation